

# Introduction

The Automated Safety Incident Surveillance Tracking System (ASISTS) package stores data on accidents causing injuries and illnesses that are reported via the Report of Accident (2162), the Federal Employee's Notice of Traumatic Injury and Claim for Continuation of Pay/Compensation (CA-1), and the Notice of Occupational Disease and Claim for Compensation (CA-2) forms. This release is mainly concerned with automating the reporting of needlestick, sharps, and bodily fluid exposure incidents since the Veterans Health Administration (VHA) established a goal to reduce the number of bloodborne pathogen exposure related incidents. However, information on any accident causing injury or illness, reportable through the above forms, may be entered into VISTA using this software. While this release limits itself to providing a mechanism to gather and store incident data, ultimately, the bloodborne pathogen exposure related data will be reported upward to a national database.

## References:

Designated Agency Safety and Health Official's Letter OOS-96-3, Reporting of Needle Stick Incidents. (A copy may be obtained at the web site <http://vaww.va.gov/vasafety>).

OSHA Booklet 2014, Record Keeping and Reporting Guidelines for Federal Agencies.

Designated Agency Safety and Health Official's Letter OOS-98-2, Coding Office of Workers' Compensation Claims Forms with Revised "Type" and "Source" Codes. (A copy may be obtained at the web site <http://vaww.va.gov/vasafety/february.htm>).



# Use of Software

## **Reporting Process**

The following process relates mainly to employees (includes students and residents) and volunteers who may file either a CA-1 or CA-2. However, if a contractor or visitor should sustain an injury, information on that injury may also be added into this program.

An incident occurs causing injury or illness or multiple instances occur over time causing illness to an employee or volunteer. The person goes to Employee Health (after hours to the Administrative Officer of the Day (AOD)) or to his/her supervisor to report the incident. A stub record on the incident is created using the option Create Accident/Illness Record. The stub record contains basic information related to the incident and, if it is a bodily fluid exposure, any lab tests done.

A bulletin is sent to the employee notifying the employee of his/her rights. A bulletin is sent to the Safety Officer, employee or voluntary supervisor, union representatives, and Human Resources Management (HRM) that an incident occurred. If it happens to be a bodily fluid exposure, Infection Control (where applicable) and Employee Health are also notified so they may plan follow-up. A message is sent to the employee involved concerning his/her rights.

The supervisor gathers information about the incident, counsels the employee or volunteer to complete a CA-1 or CA-2, whichever is appropriate, and enters the data into the program using the option Edit Report of Incident. Data for the Report of Accident (2162) is entered first and if all required data is entered, an electronic signature is applied. Within the same option, the supervisor also enters the data for the CA-1 or the CA-2, with the expectation that the employee or volunteer will submit a notice or claim. At the end of the session, a bulletin is triggered to the Safety Officer that the 2162 portion of the incident can be reviewed by the Safety Officer.

The Safety Officer reviews the 2162 portion of the record using the Print Report of Accident option and completes the 2162 using the Complete Report of Accident (2162) option. The Safety Officer adds comments to the 2162 and applies an electronic signature.

The employee or volunteer enters data for the CA-1 or CA-2 using the Edit CA-1 & CA-2 option and applies an electronic signature. This triggers a bulletin to the supervisor, union representatives, and HRM notifying them about the requirement to complete the form and file with the DOL within 5 working days.

The supervisor reviews the record by printing out a copy of the CA-1 or CA-2 using the option Print CA1/CA2. Any changes to the supervisor portion are made using the Edit Report of Incident and an electronic signature is applied. A hard copy is printed, a witness statement attached when applicable, signatures are affixed, and it is forwarded to HRM. A message is sent to union representatives that the CA-1 or CA-2 has been signed by the supervisor.

When the employee or volunteer cannot electronically enter data, the employee's portion of the CA-1 or CA-2 can be entered by the supervisor using the option Edit Employee CA-1 & CA-2. Once all required data is entered, a hard copy is printed and signatures of the employee and supervisor are obtained.

A hard copy is always printed whether electronic signatures have or have not been used.

### **Electronic Signature**

When an employee signs the employee portion of the CA-1 or CA-2, the case remains available to the employee for editing. Only after the supervisor signs the record, does the case become un-selectable for the employee. Note: If the employee signs the record and then selects it again by using the option Edit CA-1 & CA-2, the electronic signature is removed from the record and it MUST be resigned.

Once the supervisor signs a CA-1 or CA-2, it is no longer selectable by the supervisor. To make changes to a signed record, an amendment to the record must be made using the option Create Amendment.

The same logic applies to the supervisor's signature of the 2162. It remains available for selection and editing until the safety officer signs the record.

### **Menu Structure**

#### **Employee Health Menu**

Create Accident/Illness Record:

This option is used by Employee Health or the AOD to initiate an incident record. It is also available on the Supervisor and Safety Officer menus.

Print Employee Bill of Rights:

If an employee does not have computer access and therefore would not receive a message containing the Bill of Rights, this option can be used to print a hard copy.

### **Supervisor Menu**

Persons holding this menu only see those records that have their name in the Supervisor or Secondary Supervisor fields in File #2260.

#### **Create Accident/Illness Record:**

This option is used to initiate an incident record.

#### **Create Amendment:**

This option creates a new record using the data from the record being amended, adds an alpha character to the case number, and removes the electronic signatures.

#### **Edit Employee CA-1 & CA-2:**

This option allows the supervisor to enter the employee portion of the CA-1 or CA-2 in those cases where the employee cannot enter his/her own data (absence due to illness, no computer access, etc.).

#### **Edit Report of Incident:**

This is the option to use to enter incident data for the 2162 and the supervisor portion of the CA-1 and the CA-2.

#### **Print Accident Report Status:**

This option prints a list of open cases noting the presence or lack of electronic signatures.

#### **Print CA1/CA2:**

This option prints either a blank CA-1 or CA-2 or prints the form with incident data.

#### **Print Employee Bill of Rights:**

If an employee does not have computer access and therefore would not receive a message containing the Bill of Rights, this option can be used to print a hard copy.

#### **Print Report of Accident:**

This option prints the 2162 data.

#### **Validate and Sign CA1,CA2 or 2162:**

This option can be used to quickly validate that all required data is in the record and electronically sign the record.

## **Employee Menu**

Persons holding this menu can only see their own incidents.

Edit CA-1 & CA-2:

This option is used by the employee to enter the CA-1 or CA-2 information.

Print CA1/CA2:

This option prints either a blank CA-1 or CA-2 or prints the form with incident data.

Print Employee Bill of Rights:

This option prints the employee's Bill of Rights.

Validate and Sign CA-1 or CA-2:

This option can be used to quickly validate that all required data is in the record and electronically sign the record.

## **Safety Officer Menu**

Persons holding this menu can see all records.

Create Accident/Illness Record:

This option is used to initiate an incident record.

Change the Status of a Case:

This option allows the user to change the record status. A record status may be one of the following:

Open

Closed

Deleted

Replaced by amendment

Complete Report of Accident (2162) :

This option is used by the Safety Officer to enter corrective action taken or planned, add comments, and apply an electronic signature.

Create Amendment:

This option creates a new record using the data from the record being amended, adds an alpha character to the case number, and removes the electronic signatures.

Edit Employee CA-1 & CA-2:

This option allows the Safety Officer to enter the employee portion of the CA-1 or CA-2 in those cases where the employee cannot enter his/her own data (absence due to illness, no computer access, etc.).

**Edit Report of Incident:**

This is the option to use to enter incident data for the 2162 and the supervisor portion of the CA-1 and the CA-2.

**Log of Federal Occupational Injuries and Illnesses:**

This option prints the Log of Federal Occupational Injuries and Illnesses.

**Log of Needlestick Incidents [OOPS NEEDLE STICK LOG]**

This option prints only needlestick, sharps and bodily fluid exposures from the Log of Federal Occupational Injuries and Illnesses.

**Print Accident Report Status:**

This option prints a list of open cases noting the presence or lack of electronic signatures.

**Print CA1/CA2:**

This option prints either a blank CA-1 or CA-2 or prints the form with incident data.

**Print Employee Bill of Rights:**

If an employee does not have computer access and therefore would not receive a message containing the Bill of Rights, this option can be used to print a hard copy.

**Print Report of Accident:**

This option prints the Report of Accident (2162).

**Validate and Sign 2162:**

This option can be used to quickly validate that all required data is in the record and electronically sign the record.

**Union Menu**

Persons holding this menu can see only employee and volunteer records.

**Log of Federal Occupational Injuries and Illnesses:**

This option prints the Log of Federal Occupational Injuries and Illnesses.

**Print Accident Report Status:**

This option prints a list of open cases noting the presence or lack of electronic signatures.

**Print Employee Bill of Rights:**

If an employee does not have computer access and therefore would not receive a message containing the Bill of Rights, this option can be used to print a hard copy.

**Print Report of Accident:**

This option prints the Report of Accident (2162) for incidents that have been signed by the supervisor and safety officer.



## **Create Accident/Illness Record**

### **[OOPS CREATE CASE]**

This option is generally used by Employee Health, the AOD, or the Supervisor to begin a new incident record. However, the option has been placed on the Safety Officer's menu for use when it is a visitor, contractor, or other person. Depending on the process used at your site, it may also be given to Contracting Officers who often manage the process when the person involved is a contractor. The process used at your site should determine who has this option.

Using the "^" to exit the option will automatically delete any information entered, however you may bypass any field that is not required by hitting the Return <ret> or Enter key. At the end of the option, you may choose to Edit (or view) what has been entered, Save the information, or Delete the record.

When the data is saved, a bulletin stating that an incident occurred is sent to the Supervisor(s) of the employee or volunteer and to the mail groups OOPS INJURY and OOPS UNION. A bulletin containing the employee's rights is sent to the employee. If it is a bodily fluid exposure, the bulletin is also sent to the mail group OOPS EH containing Infection Control and Employee Health personnel for follow-up of the cases.

The following information is requested:

### **Personnel Status**

This refers to whether the person involved in the incident is an employee (includes students and residents), volunteer, contractor, visitor or other person. The choice here determines the questions that appear in this and other options. This is a required entry.

### **Person Involved**

This is the name of the employee (includes students and residents), volunteer, contractor, visitor or other person. If it is an employee, the field uses entries in the PAID file #450 for a selection list. Enter a partial last name to bring up a shortened list of names for selection. Names for those other than employees should be entered in full in this format: last,first middle. Example: James L. Thomas would be entered as "THOMAS,JAMES L". This is a required entry.

### **SSN**

Enter the Social Security Number of the person with no hyphens. This information is obtained in the background when the person is an employee. If it is a volunteer, this entry must match the SSN in File #200 (if the

volunteer is in File #200) for the volunteer to be able to electronically enter data.

### **Address Information (Home, City, State and ZIP)**

Enter the home address for the person. The State field uses the State file #5 for a list of states.

### **Home Phone Number**

Enter a home phone number for the person.

### **Injury/Illness**

This is a choice of either Injury or Illness/Disease. This selection determines which route the software takes.

If injury is selected, the employee and supervisor see prompts for a CA-1. An injury is **a single incident that causes a condition** leading the person to begin this process.

If Illness is selected, the employee and supervisor see prompts for a CA-2. An illness/disease is the **result of more than one incident or something happening over more than one shift**.

### **Date/Time Injury Occurred (Date 1st Aware of Illness)**

Enter the date and time the incident took place, or if it is an illness, the date the person first became aware of the illness. This is a required entry.

### **Type of Incident**

Select the term that best categorizes the type of incident (the critical tracking issue) from the following list:

- Assault
- Cumulative Trauma
- Environmental/Toxic Exposure
- Exposure to Body Fluids
- Latex Reaction/Allergy
- Lifting/Repositioning Patients
- Material Handling
- Needlesticks
- Other
- Sharps Exposure
- Slip/Trip/Fall
- Struck by/against
- TB/PPD Conversion

If you select Exposure to Body Fluids, Needlesticks, or Sharps Exposure, the following questions are asked concerning tests ordered. Selecting any of these three will also trigger questions specific to these types of incidents during the supervisor edits of the Report of Accident (2162).

This is a required entry.

**Tests Ordered**

In all cases of Exposure to Body Fluids, Needlesticks, or Sharps Exposure, you are asked to enter either Yes or No that tests for Hepatitis B, Hepatitis C, HIV, or Other were ordered with dates for order, drawn, and follow-up.

**Supervisor (Voluntary Svc Supervisor, Safety Officer, or Contract Administrator) :**

This prompt depends on the Personnel Status entered. For employees, it is Supervisor. For volunteers, it is Voluntary Svc Supervisor. For visitors, it is Safety Officer. For contractors, it is Contract Administrator. Regardless of the prompt name, this field uses entries in File #200. The entry here determines who has access to this record for entering incident information. This is a required entry.

**Secondary Supervisor:**

The entry here determines who has access to this record for entering incident information. This prompt may be bypassed.

## **Edit Report of Incident**

### **[OOPS SUP ENTRY]**

### **[OOPS SAFETY SUP ENTRY]**

This option is used by the Supervisor to enter incidents that happen to Employees and Volunteers. It provides the means to enter data for the Report of Accident (2162), the Federal Employee's Notice of Traumatic Injury and Claim for Continuation of Pay/Compensation (CA-1), and the Notice of Occupational Disease and Claim for Compensation (CA-2).

This option, different internal name, is also used by the Safety Officer. If the supervisor cannot complete or is not available to complete the information, the Safety Officer has the ability to complete the supervisor's portion of the 2162, CA-1, or CA-2. This option is also used to enter any incidents to those other than employees or volunteers. Note: Do not confuse this with the option, Complete Report of Accident (2162) which is strictly for completing a 2162 by entering corrective action taken, comments and applying an electronic signature.

When the person injured is other than an employee or volunteer, the software only allows the entry of 2162 data.

When you select the option and enter the case number or name of the person involved, the data entered in Create Accident/Illness Record is shown on the screen.

## **Entry of Report of Accident (2162) Data**

### **General Setting of Incident**

Whatever you choose here, limits the number of selections you must wade through at the next prompt. To get the whole list, enter Unknown. This is a required field. The selection here is either:

Patient care setting

Non-patient care setting

Unknown

### **Location of Injury**

This is the general location where the injury happened. The selections are from the ASISTS Setting of Injury file #2261.4. This is a required field.

### **Description of Incident**

This is a word processing field to enter information on the incident.

### **Characterization of Injury**

This is a brief description of the injury and is a selection from the ASISTS Characterization of Injury file #2261.

**Body Part Most Affected**

This is a single selection from the ASISTS Body Parts file #2261.1.

**Additional Body Part Affected**

This is a single selection from the ASISTS Body Parts file #2261.1.

**Side of Body Affected**

This is a choice of:

Left  
Right  
Both  
NA

**Patient Source**

When it is a bodily fluid exposure including needlesticks or sharps this question appears. The choice is:

Identifiable  
Unidentifiable  
NA

**Contamination**

When it is a needlestick or sharps exposure this question appears. The choice is:

Yes  
No  
Unknown

**Purpose of Sharp Object**

This is a selection from the ASISTS Purpose for Using Sharps file #2261.5 and generally describes how the sharp object was used. This is only asked if this is a needlestick or sharps injury.

**Activity at Time of Injury**

This is a selection from the ASISTS Occurrence of Sharps Injury file #2261.6 and is a general description of the activity at the time of the injury. This is only asked if this is a needlestick or sharps injury.

**Object Causing Injury**

This is the device or item that caused the injury and comes from the ASISTS Device/Equipment file #2261.7. This is only asked if this is a needlestick or sharps injury.

**Area Exposed to Bodily Fluid**

This is only asked if the incident is a Body Fluid Exposure. It is a multiple with the following possible selections:

Skin  
Eyes (conjunctiva)  
Nose (mucosa)  
Mouth (mucosa)  
Other

**Personal Protective Equipment**

This is only asked if the incident is a Body Fluid Exposure. It is a multiple with selections from the ASISTS Personal Protective Equipment file #2261.3.

**Bodily Fluid Exposure Source**

This is only asked if the incident is a Body Fluid Exposure. This is a selection from the ASISTS Results file #2261.8. It is a short description of how the exposure happened.

**Was there an Equipment/Device/Product Failure?**

This is a Yes or No answer with a default of NO.

**Safety Design Device Used**

This is a Yes, No, or Unknown answer.

**Duty Returned To**

The choice is Full duty or Light duty.

**Lost Time**

This is a Yes or No answer.

**Corrective Action**

This is a word processing field for entering any action taken or planned.

The program does a validation of the data at this point looking for data in the following fields:

Description of Incident  
Body Part Most Affected  
Side of Body Affected  
Lost Time

If data exists, you are prompted for an electronic signature to sign off the Report of Accident 2162 portion of the Incident Report. When you apply a signature, a

bulletin is sent to the mail group, OOPS SAFETY, that this portion of the record is ready for review.

If this incident involves an employee or volunteer, at this point you begin entering data for either the CA-1 or CA-2.

### **Entry of CA-1 Data**

Federal Employee's Notice of Traumatic Injury and Claim for Continuation of Pay/Compensation (Form CA-1)

### **Witness Name**

This is a free text field. The field is also available to the employee. This field may be bypassed and is not required for electronic signature.

### **Agency Name, Address, City, State, Zip**

These are free text entries except for the State which is a pointer to the State file #5. This is the reporting agency to which correspondence from OWCP should be sent.

### **Employee's Duty Station, Address, City, State, Zip**

These are free text entries except for the State which is a pointer to the State file #5. This is the station where the employee was working at the time of the incident.

### **Regular Work Hours (From)**

Time may be entered as 8A or 8a, 8:00A, 8:15A, 8:15AM or military time: 0800, 1300; or MID or 12M for midnight; NOON or 12N for noon. Time must be in quarter hours; e.g., 8A or 8:15A or 8:30A or 8:45A. At the time of the incident, this is the employee's regular working start time.

### **Regular Work Hours (To)**

Time may be entered as 8A or 8a, 8:00A, 8:15A, 8:15AM or military time: 0800, 1300; or MID or 12M for midnight; NOON or 12N for noon. Time must be in quarter hours; e.g., 8A or 8:15A or 8:30A or 8:45A. At the time of the incident, this is the employee's regular working stop time.

### **Regular Work Schedule**

This is a required response. Enter the employee's work schedule at the time of the incident. The numbers 1-7 correspond to the days of the week.

- 1 = Sunday
- 2 = Monday
- 3 = Tuesday
- 4 = Wednesday

5 = Thursday

6 = Friday

7 = Saturday

Enter the day numbers as a range or list separated by commas.

Examples: For Mon-Fri enter 2-6 (or 2,3,4,5,6)

For Wed-Sat enter 4-7 (or 4,5,6,7)

For Mon,Wed,Fri enter 2,4,6

### **Date of Injury**

If this is an injury (CA-1), this is the date and time the incident happened. If this is an illness (CA-2), this is the date the employee first became aware of the disease or illness.

Examples of Valid Dates:

JAN 20 1957 or 20 JAN 57 or 1/20/57 or 012057

T (for TODAY), T+1 (for TOMORROW), T+2, T+7, etc.

T-1 (for YESTERDAY), T-3W (for 3 WEEKS AGO), etc.

If the year is omitted, the computer uses the CURRENT YEAR.

If the date is omitted, the current date is assumed.

Follow the date with a time, such as JAN 20@10, T@10AM, 10:30, etc.

You may enter a time, such as NOON, MIDNIGHT or NOW.

### **Date of Notice Received**

Enter the date the supervisor received notice of injury.

Examples of Valid Dates:

JAN 20 1957 or 20 JAN 57 or 1/20/57 or 012057

T (for TODAY), T+1 (for TOMORROW), T+2, T+7, etc.

T-1 (for YESTERDAY), T-3W (for 3 WEEKS AGO), etc.

If the year is omitted, the computer uses the CURRENT YEAR.

If the date is omitted, the current date is assumed.

### **Date/Time Stopped Work**

This is the date and time the employee stopped work due to the injury. Enter date and time as shown for Date of Injury.

### **Date Pay Stopped**

If pay was stopped, enter the date here.

### **Date 45 Day Period Began**

If applicable, enter the date the 45 day period began for COP.

### **Date/Time Returned to Work**

If employee stopped work, enter the date and time the employee returned.

### **Was Employee Injured in Performance of Duty**



This is a Yes or No answer. If No, then the following prompt appears:

**Explanation**

This is a free text answer of 3-80 characters.

**Was Injury Caused by Employee's Willful Misconduct, Intoxication, or Intent to Injure Self or Another**

This is a Yes or No answer. If yes, then the following prompt appears:

**Explanation**

This is a free text answer of 3-80 characters.

**Was Injury Caused by 3rd Party**

This is a Yes or No answer. If the answer is Yes, then the following questions appear:

**3rd Party Name, Address, City, State, Zip**

These are all free text fields except for State which is a pointer to the State file #5.

**Name of Physician**

Enter the name of the employee's physician. This is a free text field. If you enter a Physician Name then the following address prompts will appear.

**Physician Address, City, State, Zip**

These are all free text fields except for State which is a pointer to the State file #5.

**1st Date Medical Care Received**

This is the first date the employee received medical care for the injury.

**Do Medical Reports Show Employee is Disabled for Work**

This is a Yes or No answer.

**Does Your Knowledge of the Facts Agree with Statements of the Employee**

This is a Yes or No answer. If No, then the following prompt appears:

**Explanation**

This is a word processing field.

**If the Employing Agency Controverts Continuation of Pay, State the Reason in Detail**

This is a word processing field.

**Pay Rate when Employee Stopped Work (\$)**

Enter a dollar amount in this field, e.g. 12.73, 105.63, 43,456.

**Pay Rate when Employee Stopped Work (Per)**

This is the rate at which the employee was receiving the pay when the employee stopped work. E.g., hourly, daily, weekly, yearly etc.

A supervisor who knowingly certifies to any false statement, misrepresentation, concealment of fact, etc., in respect of this claim may also be subject to appropriate felony criminal prosecution.

I certify that the information given above and that furnished by the employee is true to the best of my knowledge with the following exception.

**Exception**

This is a free text field, 80 characters or less and is an exception to the employee's statement.

**Name of Supervisor**

This is the name of the supervisor entered when the case was created.

**Supervisor's Title**

This is the supervisor's title in 1-20 characters.

**Office Phone**

This is the supervisor's office phone number, 2-15 characters in length.

**Filing Instructions**

These are the filing instructions for the CA-1:

1. No lost time and no medical expense: Place this form in employee's medical folder(SF-66-D).
2. No lost time, medical expense incurred or expected: forward this form to OWCP.
3. Lost time covered by leave, LWOP, or COP: forward this form to OWCP.
4. First Aid Injury.

Choose from:

- 1 No lost time and no medical expenses
- 2 No lost time, medical expenses incurred
- 3 Lost time covered by leave LWOP or COP
- 4 First aid injury

The program does a validation of the data at this point looking for data in the following fields:

17. Agency Name
18. Employee's Duty Station
19. Regular Hrs From Time
19. Regular Hrs To Time
22. Date of Notice Received
27. Was Employee Injured in Performance of Duty
28. Was Injury Caused by Employee's Willful Misconduct
29. Was Injury Caused by 3rd Party
31. Physician Name, Address, City, State, Zip Code
32. First Date Medical Care Received
33. Do Medical Reports Show Employee is Disabled for Work
34. Does Your Knowledge of the Facts Agree with the Statements of the Employee

If data exists and the employee has electronically signed his/her portion, you are prompted for an electronic signature to sign off the CA-1 portion of the Incident Report. A bulletin is sent to union representatives.

### **Entry of CA-2 Data**

Notice of Occupational Disease and Claim for Compensation (Form CA-2)

#### **Agency Name, Address, City, State, Zip**

These are free text entries except for the State which is a pointer to the State file #5. This is the reporting agency to which correspondence from OWCP should be sent.

#### **Employee's Duty Station, Address, City, State, Zip**

These are free text entries except for the State which is a pointer to the State file #5. This is the station where the employee was working at the time of the incident.

#### **Regular Work Hours (From)**

Time may be entered as 8A or 8a, 8:00A, 8:15A, 8:15AM or military time: 0800, 1300; or MID or 12M for midnight; NOON or 12N for noon. Time must be in quarter hours; e.g., 8A or 8:15A or 8:30A or 8:45A. At the time of the incident, this is the employee's regular working start time.

#### **Regular Work Hours (To)**

Time may be entered as 8A or 8a, 8:00A, 8:15A, 8:15AM or military time: 0800, 1300; or MID or 12M for midnight; NOON or 12N for noon. Time must

be in quarter hours; e.g., 8A or 8:15A or 8:30A or 8:45A. At the time of the incident, this is the employee's regular working stop time.

### **Regular Work Schedule**

This is a required response. Enter the employee's work schedule at the time of the incident. The numbers 1-7 correspond to the days of the week.

- 1 = Sunday
- 2 = Monday
- 3 = Tuesday
- 4 = Wednesday
- 5 = Thursday
- 6 = Friday
- 7 = Saturday

Enter the day numbers as a range or list separated by commas.

Examples: For Mon-Fri enter 2-6 (or 2,3,4,5,6)

For Wed-Sat enter 4-7 (or 4,5,6,7)

For Mon,Wed,Fri enter 2,4,6

### **Name of Physician**

Enter the name of the employee's physician. This is a free text field. If you enter a Physician Name then the following address prompts will appear.

### **Physician Address, City, State, Zip**

These are all free text fields except for State which is a pointer to the State file #5.

### **1st Date Medical Care Received**

This is the first date the employee received medical care for the illness.

### **Do Medical Reports Show Employee is Disabled for Work**

This is a Yes or No answer.

### **Date Employee First Reported Condition to Supervisor**

Examples of Valid Dates:

JAN 20 1957 or 20 JAN 57 or 1/20/57 or 012057

T (for TODAY), T+1 (for TOMORROW), T+2, T+7, etc.

T-1 (for YESTERDAY), T-3W (for 3 WEEKS AGO), etc.

If the year is omitted, the computer uses the CURRENT YEAR.

### **Date/Time Employee Stopped Work**

This is the date and time the employee stopped work due to the injury.

### **Date/Time Employee's Pay Stopped**

If pay was stopped, enter the date and time here.

**Date Employee was Last Exposed to Conditions Alleged to have Caused Disease or Illness**

Enter the date the employee was last exposed to the conditions.

**Date/Time Returned to Work**

If employee stopped work, enter the date and time the employee returned.

**If Employee has Returned to Work and Work Assignment has Changed, Describe New Duties**

This is a word processing field.

**Was Injury Caused by 3rd Party**

This is a Yes or No answer. If the answer is Yes, then the following questions appear:

**3<sup>rd</sup> Party Name, Address, City, State, Zip**

These are all free text fields except for State which is a pointer to the State file #5.

A supervisor who knowingly certifies to any false statement, misrepresentation, concealment of fact, etc., in respect of this claim may also be subject to appropriate felony criminal prosecution.

I certify that the information given above and that furnished by the employee is true to the best of my knowledge with the following exception.

**Exception**

This is a free text field, 80 characters or less and describes an exception to the employee's statements.

**Name of Supervisor**

This is the name entered when the case was created.

**Supervisor's Title**

This is the supervisor's title in 1-20 characters.

**Office Phone**

This is the supervisor's office phone number, 2-15 characters in length.

The program does a validation of the data at this point looking for data in the following fields:

19. Agency Name
20. Employee's Duty Station
21. Regular Hrs From Time
21. Regular Hrs To Time
23. Name of Physician, Physician Address
24. 1st Date Medical Care Received
25. Do Medical Reports Show Employee is Disabled for Work
26. Date Employee First Reported Condition to Supervisor
32. Was Injury Caused by 3rd Party

If data exists and the employee has electronically signed his/her portion, you are prompted for an electronic signature to sign off the CA-2 portion of the Incident Report. A bulletin is sent to union representatives.

**Edit CA-1 & CA-2****[OOPS EMP ENTRY]****Edit Employee CA-1 & CA-2****[OOPS SUP EMP ENTRY]****[OOPS SAFETY EMP ENTRY]**

The option Edit CA-1 & CA-2 is used by the employee to enter data on the injury or illness. The option Edit Employee CA-1 & CA-2 is used by the supervisor or Safety Officer when the employee is unable to enter the information.

**Entry of Employee CA-1 Data****Home Telephone**

Enter the employee's home phone, 3-18 characters.

**Employee Street Address, City, State, ZIP**

Enter the employee's address. These are free text fields except for the State which is a pointer to the State file #5.

**Dependents**

Select one of the following:

- 1 Wife, Husband
- 2 Children under 18
- 3 Other
- 4 Wife, Husband + Children under 18
- 5 Wife, Husband + Other
- 6 Children under 18 + Other
- 7 Wife, Husband + Children under 18 + Other

**Place Where Injury Occurred**

Enter a short description of where the injury happened, 3-30 characters.

**Date/Time Injury Occurred**

Enter the date and time of the injury.

Examples of Valid Dates:

JAN 20 1957 or 20 JAN 57 or 1/20/57 or 012057

T (for TODAY), T+1 (for TOMORROW), T+2, T+7, etc.

T-1 (for YESTERDAY), T-3W (for 3 WEEKS AGO), etc.

If the year is omitted, the computer uses the CURRENT YEAR.

You may omit the precise day, as: JAN, 1957

If the date is omitted, the current date is assumed.

Follow the date with a time, such as JAN 20@10, T@10AM, 10:30, etc.

You may enter a time, such as NOON, MIDNIGHT or NOW.  
Time is REQUIRED in this response.

**Date of this Notice**

Enter the date the employee completed the CA-1.

Examples of Valid Dates:

JAN 20 1957 or 20 JAN 57 or 1/20/57 or 012057

T (for TODAY), T+1 (for TOMORROW), T+2, T+7, etc.

T-1 (for YESTERDAY), T-3W (for 3 WEEKS AGO), etc.

If the year is omitted, the computer uses the CURRENT YEAR.

You may omit the precise day, as: JAN, 1957

If the date is omitted, the current date is assumed.

**Employee's Occupation**

Enter a short description of the employee's occupation, 3-30 characters.

**Cause of Injury**

Enter a short description of what happened and why, 1-200 characters.

**Nature of Injury**

Enter a description of the injury and the part of the body affected, 1-100 characters, e.g., fracture of left leg.

**Request for Pay or Leave**

This is the employee's choice of either continuing regular pay (COP) or taking sick or annual leave (L).

If you (the employee) are disabled for work as a result of this injury and file CA-1 within thirty days of the injury, you are entitled to receive continuation of pay (COP) from your employing agency. COP is paid for up to 45 days of disability, and is not charged against sick or annual leave. You may elect sick or annual leave if you wish, but compensation from OWCP may not be claimed during the 45 days of COP entitlement. (You may not claim compensation to repurchase leave used during this period.) Also, if you change your election within one year, the agency is obliged to convert past periods of leave to COP, which qualify.

Choose from:

COP Continuation of regular pay

L Sick and/or annual leave

**Witness Name**

This is a free text field. It is also available to the supervisor. Enter the name of a witness. It may be bypassed and is not required for an electronic signature.



At this point, the program validates the data entered. It looks for data in the following fields:

5. Home Phone
7. Street Address, City, State, Zip code
9. Place Where Injury Occurred
10. Date/Time Injury Occurred
11. Date of this Notice
12. Employee's Occupation
13. Cause of Injury
14. Nature of Injury
15. Request Pay or Leave

If all the data is present, the program asks for your electronic signature and a bulletin is sent to your supervisor to inform your supervisor of the completion of your portion of the form. The same bulletin is sent to union representatives and HRM.

### **Entry of Employee CA-2 Data**

Notice of Occupational Disease and Claim for Compensation (Form CA-2)

#### **Home Telephone**

Enter the employee's home phone, 3-18 characters.

#### **Employee Street Address, City, State, ZIP**

Enter the employee's address. These are free text fields except for the State which is a pointer to the State file #5.

#### **Dependents**

Select one of the following:

- 1 Wife, Husband
- 2 Children under 18
- 3 Other
- 4 Wife, Husband + Children under 18
- 5 Wife, Husband + Other
- 6 Children under 18 + Other
- 7 Wife, Husband + Children under 18 + Other

#### **Employee's Occupation**

Enter a short description of the employee's occupation, 3-30 characters.

#### **Illness Occurred (Location)**

Enter the location where the employee worked when the disease or illness occurred.

**Date You First Became Aware of Disease or Illness**

Enter a date.

Examples of Valid Dates:

JAN 20 1957 or 20 JAN 57 or 1/20/57 or 012057

T (for TODAY), T+1 (for TOMORROW), T+2, T+7, etc.

T-1 (for YESTERDAY), T-3W (for 3 WEEKS AGO), etc.

If the year is omitted, the computer uses the CURRENT YEAR.

You may omit the precise day, as: JAN, 1957

If the date is omitted, the current date is assumed.

**Date You First Realized the disease or Illness was Caused by or Aggravated by Your Employment**

Enter a date.

**Illness Related to Work Place**

Explain the relationship to your employment and why you came to this realization. This is a word processing field.

**Nature of Disease or Illness**

Enter a description of the disease or illness.

**If this Notice and Claim was not Filed with the Employing Agency within 30 Days After Date Shown Above in Item #12, Explain the Reason for the Delay**

Enter an explanation if you did not file this notice within 30 after first realizing the disease or illness was caused or aggravated by your employment.

**If the Statement Requested in Item #1 of the Instructions is not Submitted with this Form, Explain the Reason for Delay**

If a separate narrative statement containing the following information will not be submitted with this form, explain the reason for the delay:

- a) A detailed history of the disease or illness from the date it started.
- b) Complete details of the conditions of employment which are believed to be responsible for the disease or illness.
- c) A description of specific exposures to substances or stressful conditions causing the disease or illness, including locations where exposure or stress occurred, as well as, the number of hours per day and days of week of such exposure or stress.

d) Identification of the part of the body affected. (If disability is due to a heart condition, give complete details of all activities for one week prior to the attack with particular attention to the final 24 hours of such period.)

e) A statement as to whether the employee ever suffered a similar condition. If so, provide full details of onset, history, and medical care received, along with names and addresses of physicians rendering treatment.

**If the Medical Reports Requested in Item #2 of the Instructions are not Submitted with this Form, Explain the Reason for Delay**

If medical reports containing the information listed here are not submitted with this form, explain the reason for the delay.

- a) Dates of examination or treatment.
- b) History given to the physician by the employee.
- c) Detailed description of the physician's findings.
- d) Results of x-rays, laboratory tests, etc.
- e) Diagnosis.
- f) Clinical course of treatment.
- g) Physician's opinion as to whether the disease or illness was caused or aggravated by the employment, along with an explanation of the basis for this opinion. (Medical reports that do not explain the basis for the physician's opinion are given very little weight in adjudicating the claim.)

At this point, the program validates the data entered. It looks for data in the following fields:

- 5. Home Telephone
- 7. Street Address, City, State, ZIP Code
- 9. Employee's Occupation
- 10. Location
- 11. Date You First Became Aware of Disease or Illness
- 12. Date You First Realized the Disease or Illness was Caused
- 13. Explain the Relationship to Your Employment, and Why You Came to This Realization
- 14. Nature of Disease or Illness

If all the data is present, the program asks for your electronic signature and a bulletin is sent to your supervisor to inform your supervisor of the completion of your portion of the form. The same bulletin is sent to union representatives and HRM.

## **Complete Report of Accident (2162)**

### **[OOPS SAFETY ENTER 2162]**

This option allows the Safety Officer to enter corrective action taken or planned and add any comments about the record. The program checks for data in both fields and a supervisor's signature on the 2162 before allowing the Safety Officer to enter an electronic signature.

#### **Safety Off. Comments**

Enter any comments you have on this case.

#### **Corrective Action Taken**

Enter any corrective action taken or planned. The supervisor also has access to this field.

#### **Enter Signature Code**

Enter your electronic signature code here.

#### **Case Status**

If the Safety Officer applies an electronic signature, a Case Status prompt appears with a default of Open. The status may be changed to Closed at this time if you are sure there will be no other changes to the record, including changes to the CA-1 or CA-2 portion. Keep in mind that closing a case, closes the entire record and removes it from everyone's selection list for editing. So if the employee and supervisor are working on a CA-1 or CA-2, they will not be able to complete the entry of the data.

**Validate and Sign CA-1 or CA-2**

**[OOPS EMP VALIDATE]**

**Validate and Sign CA1, CA2 or 2162**

**[OOPS SUP VALIDATE]**

**Validate and Sign 2162**

**[OOPS SAFETY VALIDATE]**

If an employee has already signed the CA-1 or CA-2, the employee cannot select the record using this option.

For the supervisor to be able to select a record using this option, the employee signature must be on the CA-1/CA-2 and the supervisor must not have signed the CA-1/CA-2, **and/or** the supervisor must not have signed the 2162. If the supervisor can select the record, the portion of the record validated depends on which supervisor signature is not present.

For the Safety Officer to be able to select a record to validate the 2162 using this option, there must be a supervisor signature on the 2162 and there must not be a Safety Officer signature.

### **Create Amendment**

**[OOPS CREATE AMENDMENT (SUP)]**

**[OOPS CREATE AMENDMENT (SO)]**

This option allows either the supervisor or Safety Officer to create a record for amendment. It duplicates the record to be amended and removes all signatures.

The user selects any case with a status of Open. A new case number is applied by adding an alpha character to the original case number. The original case is given a status of Replaced by Amendment.

Example:

Select case to be amended: ??

Choose from:

19          1998-00019      PICA,ALICE      04-15-98

Select case to be amended: **1998-00019**          PICA,ALICE      04-15-98

Case number 1998-00019A has been assigned to this amended incident.

## **Change the Status of a Case**

### **[OOPS SAFETY CLOSE]**

Only the Safety Officer has the option to change the status of a case. A status can be one of the following:

- 0      Open
- 1      Closed
- 2      Deleted
- 3      Replaced by amendment

Select the record to be changed and enter the status you want. Closing, deleting or replacing a record by amendment removes it from all selection lists except for print options.

## Log of Federal Occupational Injuries and Illnesses

### [OOPS LOG]

### [OOPS UNION LOG]

This option prints the Log of Federal Occupational Injuries and Illnesses. Logs are printed by Fiscal Year which is determined by when the record was first created. This report compiles data on all records or only on employees and volunteers. On the Union Menu, the report compiles data only on employees and volunteers.

The log prints the Case Number, Date of Injury/Illness, Employee Name, Occupation Code, Cost Center/Organization, Lost Time for Injuries and Illnesses (Yes or No), whether it was an Injury or Illness/Disease, a description of the injury comprised of data from the ASISTS Critical Tracking Issues file, the ASISTS Characterization of Injury file, and the ASISTS Body Parts file. Fatal Cases are listed as Death from the ASISTS Characterization of Injury file. The report also provides totals for fatalities and lost time cases by injury and illness.

### Enter Fiscal Year:

The system provides a range for selection (e.g., 1998-2001). Enter the Fiscal Year within the range given.

### Cases to be included:

Select one of the following:

- E/V Employees and volunteers only
- A All cases

### Include names of persons involved? Yes//

The names can be omitted by entering No at this prompt.

### Device:

You may bring this report to the screen, or type in a printer name to send it to a printer at this prompt.

Log of Federal Occupational Injuries and Illnesses for Fiscal Year 1998 Page 1					
Case #	Date	Name	Occ	CC/Org	Lost time
1998-00001	APR 10, 1998	DAN,JOHN A	0334	81241234	Yes
Injury		Assault			
		Abrasion/Scratch			
		Face			
...					
Injuries.: 28	Fatal Injuries....: 1	Lost Time Injuries....: 13			
Illnesses: 10	Fatal Illnesses...: 0	Lost Time Illnesses...: 1			
Total....: 38	Total.....: 1	Total.....: 14			



**Log of Needlestick Incidents**  
**[OOPS NEEDLE STICK LOG]**

This is the same report as the Log of Federal Occupational Injuries and Illnesses with only needlestick, sharps and bodily fluid exposures listed.

**Print Accident Report Status**  
**[OOPS SUP PRINT STATUS]**  
**[OOPS SAFETY PRINT STATUS]**

This report prints a list of open cases and notes whether or not signatures are present.

**Print Report of Accident**

**[OOPS SUP PRINT]**

**[OOPS SAFETY PRINT]**

**[OOPS UNION PRINT]**

This report prints the Report of Accident (2162) for a selected case. The union option can only select cases that have a supervisor and safety officer signature.

### **Print CA1/CA2**

**[OOPS EMP PRINT CA]**

**[OOPS SUP PRINT CA]**

**[OOPS SAFETY PRINT CA]**

This option can be used to print a blank CA-1 or CA-2 or, when a specific case is entered, print the form with data. If you bypass the Select Case prompt, you may select the type form you want to print. If you enter a case number at the Select Case prompt, you get data from the case on the form.

Print CA1/CA2

Select Case: **<ret>**

1) Injury (CA1)

2) Illness (CA2)

Select Form:

## **Print Employee Bill of Rights [OOPS PRINT BILL]**

This option prints the employee's rights concerning treatment for the injury or illness and filing claims.

### EMPLOYEE BILL OF RIGHTS FOR ACCIDENTS AND OCCUPATIONAL ILLNESSES

You have the right to select the physician or facility to provide treatment for the sustained injury or illness. The VA facility is available for examination and treatment but can not mandate use of the facility to the exclusion of your choice of medical care.

You have the right to file a CA-1 (injury) or CA-2 (illness) to apply for compensation.

You have the right to union representation at any time.



# Glossary

2162	Report of Accident.
AOD	Administrative Officer of the Day.
ASISTS	Automated Safety Incident Surveillance Tracking System.
Bulletin	Message sent to mail group members.
CA-1	Federal Employee's Notice of Traumatic Injury and Claim for Continuation of Pay/Compensation. If the injury/illness is due to a single incident, a CA-1 is filed.
CA-2	Notice of Occupational Disease and Claim for Compensation. If the illness is a result of more than one incident or more than a single shift, then a CA-2 is filed.
Case number	A number created from the fiscal year and an incrementing number to designate a specific incident. E.g., The 89 <sup>th</sup> record created in FY 1998 would be: 1998-00089.
Case status	A record may be considered: Open Closed Deleted Replaced by amendment
DOI	Date of injury/illness.
Electronic signature	An encrypted signature stored in VISTA to show that a report or portion of a report is complete.
OOPS EH	Mail group comprised of personnel from Employee Health and Infection Control. Recipient of a bulletin when a stub record is created for an incident involving Bodily Fluid Exposure, Needlesticks, or Sharps Exposure.
OOPS INJURY	Mail group comprised of personnel from Human Resources Management, generally compensation specialists.
OOPS SAFETY	Mail group comprised of one or more safety officers.

## Glossary

OOPS UNION	Mail group comprised of union representatives.
OSHA	Occupational Safety and Health Administration.
OWCP	Office of Worker's Compensation Programs.
Source code	Found on the CA-1 and CA-2. Code standing for Object or Substance that is used along with the Type code which stands for Action.
Type code	Found on the CA-1 and CA-2. Code standing for Action that is used along with the Source code which stands for Object or Substance.
VA Form 2162	Report of Accident.



# Index

AOD, 3, 4, 9, 39  
bloodborne pathogen exposure, 1  
bodily fluid exposure, 1, 3, 9, 13  
Body Fluids, 10, 11, 39  
bulletin, 3, 9, 15, 25, 27  
Change the Status of a Case, 6, 31  
Complete Report of Accident (2162), 6, 28  
Contract Administrator, 11  
Contracting Officers, 9  
contractor, 3, 9  
Create Accident/Illness Record, 4, 5, 6, 9, 12  
Create Amendment, 5, 6, 30  
Edit CA-1 & CA-2, 6, 23  
Edit Employee CA-1 & CA-2, 5, 6, 23  
Edit Report of Incident, 5, 7, 12  
electronic signature, 3, 6, 14, 19, 22, 25, 27, 28, 29  
Employee Health, 3, 4, 9, 39  
Employee Menu, 6  
employees, 3, 9, 11, 12  
Federal Employee's Notice of Traumatic Injury and Claim for Continuation of Pay/Compensation, 1, 12, 15, 39  
Full duty, 14  
HRM, 3, 4  
illness, 1, 3, 5, 7, 10, 16, 20, 23, 25, 26, 27, 32, 39  
    definition, 10, 39  
Infection Control, 3, 9  
injury, 1, 3, 10, 12, 13, 16, 17, 18, 20, 23, 24, 32, 39  
    definition, 10, 39  
Light duty, 14  
Log of Federal Occupational Injuries and Illnesses, 7, 32, 33  
Log of Needlestick Incidents, 7, 33  
Lost Time, 14, 32  
needlestick, 1, 7, 13, 33  
Needlesticks, 10, 11, 39  
Notice of Occupational Disease and Claim for Compensation, 1, 12, 19, 25, 39  
OOPS EH, 9, 39  
OOPS INJURY, 9, 39  
OOPS SAFETY, 12, 15, 23, 28, 29, 31, 34, 35, 39  
OOPS UNION, 9, 32, 35, 40  
PAID file #450, 9

## Index

Print Accident Report Status, 5, 7, 34  
Print CA1/CA2, 5, 6, 7, 36  
Print Report of Accident, 5, 7, 35  
Report of Accident (2162), 1, 6, 7, 10, 12, 28, 35  
residents, 3, 9  
Safety Officer Menu, 6  
sharps, 1, 7, 13, 33  
Sharps Exposure, 10, 11, 39  
students, 3, 9  
Supervisor Menu, 5  
Validate and Sign 2162, 7, 29  
Validate and Sign CA-1 or CA-2, 6, 29  
Validate and Sign CA1, CA2 or 2162, 5, 29  
visitor, 3, 9  
volunteers, 3, 11, 12  
witness, 4



**ASISTS**  
**Automated Safety Incident Surveillance**  
**Tracking System**

**USER MANUAL**

Version 1.0

June 1998

Department of Veterans Affairs  
Veterans Health Administration  
Office of Chief Information Officer



# Table of Contents

Introduction.....	1
Use of Software .....	3
Reporting Process .....	3
Electronic Signature.....	4
Menu Structure .....	4
Employee Health Menu .....	4
Supervisor Menu.....	5
Employee Menu.....	6
Safety Officer Menu .....	6
Union Menu.....	7
Create Accident/Illness Record .....	9
Edit Report of Incident.....	12
Entry of Report of Accident (2162) Data.....	12
Entry of CA-1 Data .....	15
Entry of CA-2 Data .....	19
Edit CA-1 & CA-2 .....	23
Edit Employee CA-1 & CA-2.....	23
Entry of Employee CA-1 Data.....	23
Entry of Employee CA-2 Data.....	25
Complete Report of Accident (2162) .....	28
Validate and Sign CA-1 or CA-2 .....	29
Validate and Sign CA1, CA2 or 2162.....	29
Validate and Sign 2162 .....	29
Create Amendment.....	30
Change the Status of a Case .....	31
Log of Federal Occupational Injuries and Illnesses.....	32
Log of Needlestick Incidents .....	33
Print Accident Report Status.....	34
Print Report of Accident.....	35
Print CA1/CA2 .....	36
Print Employee Bill of Rights .....	37
Glossary .....	39
Index .....	41

## Table of Contents